

3.16 Recruitment and retention of clinical management staff

The recruitment and retention of qualified clinical and management staff to provide effective health care to meet Aboriginal and Torres Strait Islander health care needs

Data sources

National data for broad measures of recruitment and retention are not available from existing national administrative health or workforce databases. There are, however, a small number of limited collections that are relevant to this measure. Data for this measure come from the Service Activity Reporting data collection, the Rural Workforce Agency National Minimum Dataset, and general practitioner data held by the Department of Health and Ageing (DoHA).

Service Activity Reporting (SAR) data collection

The SAR collects data from approximately 140 Australian Government funded Aboriginal and Torres Strait Islander primary health care services which are held at DoHA. It is estimated that these services provide GP services to around 40% of the Indigenous population. Service-level data on health care and health-related activities are collected by survey questionnaire over a 12-month period.

Response rates to the SAR by Aboriginal and Torres Strait Islander primary health care services were between 97% and 99% during the period 2002-03 to 2004-05.

It should be noted that the SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funding to facilitate access to primary health care.

Rural Workforce Agency National Minimum Dataset

The Rural Workforce Agency National Minimum Data Set is a national data set based on annual surveys conducted by each state and territory Rural Workforce Agency and compiled through the Australian Rural and Remote Workforce Agencies Group. The data are collected in accord with an agreed national minimum data set and data dictionary so should be consistent and provide a valuable and regular source of data. These data are available by remoteness area and duration of practice. It does not directly answer the broader retention and recruitment questions but will provide useful information for this measure.

GP data

The Department of Health and Ageing DoHA holds data on the number of GPs in Australia by remoteness area and Statistical Local Area (SLA). The number of GPs in areas of high, medium and low Indigenous populations (based on SLAs) are used as a proxy measure of GP retention.

There are a number of difficulties in using these data as a proxy for retention of GPs in an area. Some GPs may work only part of the year or may provide services at more than one

region. GPs may also stop billing Medicare for a period of time and resume at a later time. This causes problems in counting GPs based on their duration of practice.

Care must be taken in using and interpreting the data provided. There are two issues to note which have an effect on the quality of the data. First, the data include only those services claimed through the Medicare system. Consequently the full-time equivalent for doctors in remote areas, which are more likely to have high proportions of Indigenous population, will be understated as some services are provided in rural hospitals and through the Royal Flying Doctor Service. There is also anecdotal information that services provided in Aboriginal Medical Services are often not claimed through the Medicare system, further understating the full-time equivalent for doctors in areas with high Indigenous populations. Second, the data at the grouped SLA level can hide variability in data at the individual SLA level. For example, although one group of SLAs may have fewer people per doctor overall than a second group of SLAs, there will be a number of SLAs in the first group with far more people per doctor than several SLAs in the second group.

A voluntary indigenous identifier was introduced into the Medicare database from November 2002. This data item requires further development prior to its use in this context. As these data improve, it will be possible to utilise this identifier to undertake calculations of GP retention in areas by Indigenous status of clients, however, currently these data are not available.

Analyses

Recruitment

Information on the recruitment of clinical and management staff in Aboriginal and Torres Strait Islander primary health care services is available from the Service Activity Reporting (SAR) data collection, collected by DoHA, and is presented below.

Recruitment by staff category

- As at the 30 June 2004, there were approximately 1,850 full-time equivalent (FTE) health (clinical) staff and 1,030 full-time equivalent administrative and support (management) staff positions within Aboriginal and Torres Strait Islander primary health care organisations funded by the Australian Government. The number of full-time equivalent vacancies at this time was 138 health staff and 24 administrative and support staff, which was 7.4% and 2.3% of total funded full-time equivalent positions.
- The highest number of health staff vacancies in 2004 were for Aboriginal Health Workers (50), followed by nurses (27) and social and emotional wellbeing workers (17) (Table 3.16.1).
- Occupations with the highest proportion of health staff vacancies out of funded full-time equivalent positions for that occupation were dentists (11.3%), allied health professionals (9.1%) and nurses (8.9%).

Table 3.16.1: Number and percentage of health (clinical) staff and administrative and support (management) staff vacancies in Aboriginal and Torres Strait Islander primary health care organizations, at 30 June 2004

Staff category	Number	Per cent^(a)
Health staff		
Aboriginal Health Worker	50	7.4
Doctors and specialists	14	6.5
Nurses	27	8.9
Emotional and social wellbeing workers	17	8.0
Allied health professionals	2	9.1
Dentists	5	11.3
Dental support	4	7.4
Traditional healers	—	—
Substance use workers	4	4.6
Environmental health workers	—	—
Drivers/field officers	4	3.4
Other health staff	11	13.7
Total health/clinical	138	7.4
Administrative and support staff		
CEO/admin/managers	3	1.0
Secretaries	6	1.9
Accountants	1	0.8
Information/data	—	—
Trainers/educators	1	2.6
Other support staff	13	5.8
Total administrative and support staff	24	2.3
Total	162	5.6

(a) Number of funded FTE vacancies divided by the total FTE positions multiplied by 100.

Source: Service Activity Reporting unpublished data.

Recruitment by state/territory and remoteness

- The Northern Territory had the highest proportion of health staff vacancies of total full-time equivalent positions in Aboriginal and Torres Strait Islander primary health care organisations (10%), and Victoria and Tasmania had the lowest proportion of health staff vacancies (5%) (Table 3.16.2; Figure 3.16.1).
- As at 30 June 2004, very remote areas of Australia had the highest proportion of health staff vacancies of total positions funded in Aboriginal and Torres Strait Islander primary health care organisations (9.5%). This compared to around 6% in major cities and remote areas and 7% in inner and outer regional areas (Table 3.16.3; Figure 3.16.2). The highest proportion of administrative and support staff vacancies of total positions funded in Aboriginal and Torres Strait Islander primary health care organisations were in remote areas of Australia (3.6%). This compared to around 2% of vacancies in other areas of Australia.

Table 3.16.2: Number and percentage^(a) of health (clinical) staff and administrative and support (management) staff vacancies of total positions (FTE) in Aboriginal and Torres Strait Islander primary health care organisations, by state/territory, at 30 June 2004

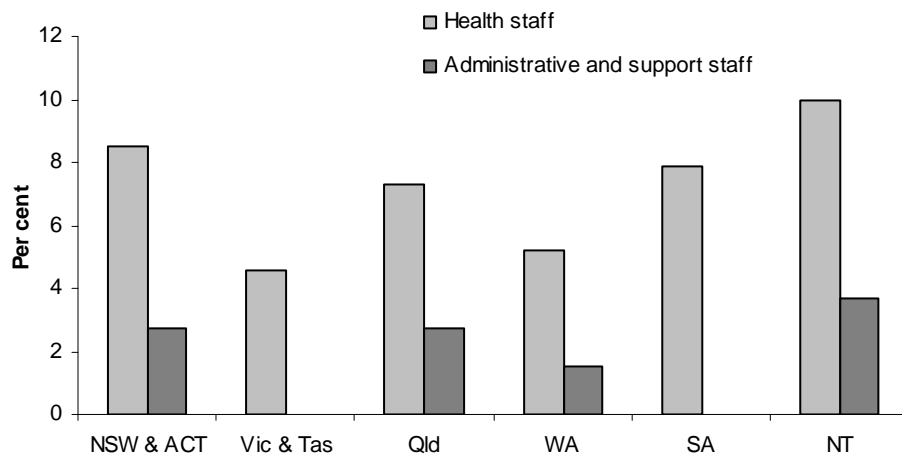
Staff category	NSW and ACT ^(b)		Vic and Tas ^(b)		Qld		WA		SA		NT	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Health staff	36	8.5	9	4.6	22	7.3	19	5.2	16	7.9	36	10.0
Administrative and support staff	5	2.7	n.p.	n.p.	5	2.7	3	1.5	n.p.	n.p.	8	3.7
Total	41	6.7	n.p.	n.p.	27	5.5	22	3.9	n.p.	n.p.	44	7.6

n.p. Not published due to small numbers.

(a) Number of funded FTE vacancies divided by the total FTE positions multiplied by 100.

(b) Jurisdictions have been combined due to the small number of services

Source: Service Activity Reporting unpublished data.



Note: Number of administrative and support staff not available for Victoria, Tasmania and South Australia.

Source: Service Activity Reporting unpublished data.

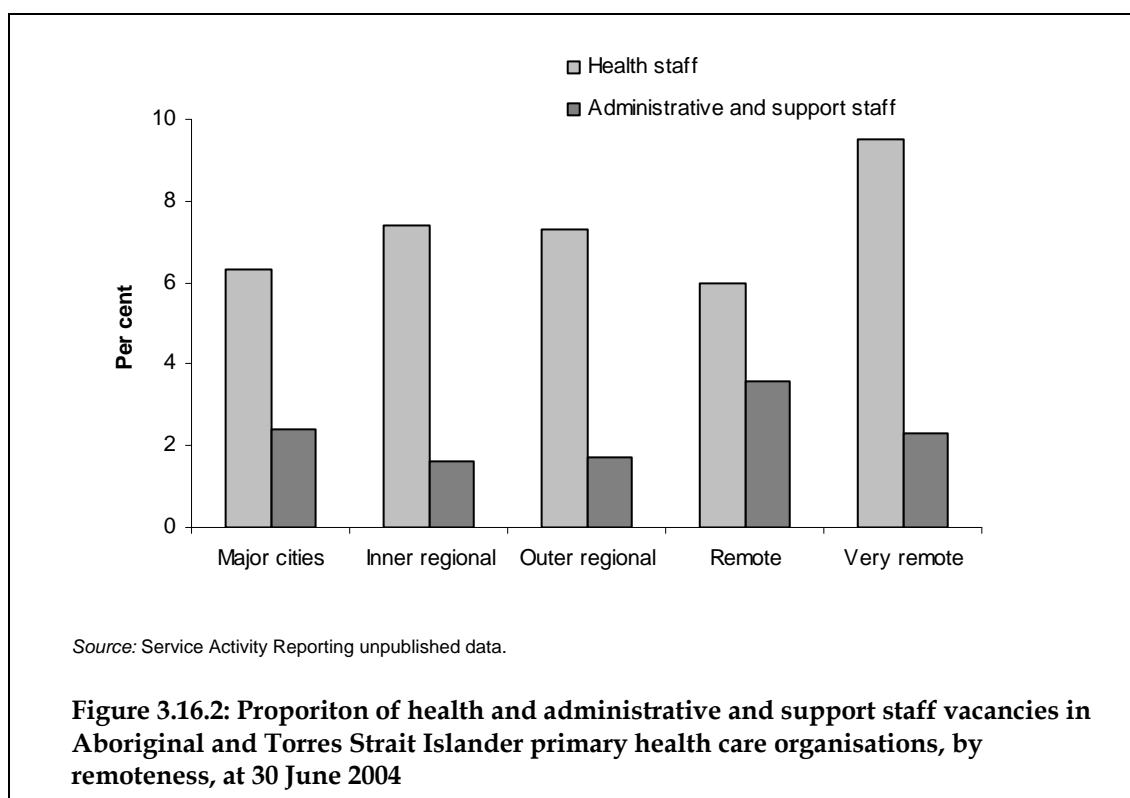
Figure 3.16.1: Proportion of health and administrative and support staff vacancies of total positions in Aboriginal and Torres Strait Islander primary health care organisations, by state/territory, at 30 June 2004

Table 3.16.3: Number and percentage^(a) of health (clinical) staff and administrative and support (management) staff vacancies of total positions (FTE) in Aboriginal and Torres Strait Islander primary health care organisations, by remoteness, at 30 June 2004

Staff category	Major cities		Inner regional		Outer regional		Remote		Very remote		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Health staff	23	6.3	24	7.4	29	7.3	19	6.0	44	9.5	138	7.4
Administrative and support staff	4	2.4	3.	1.6	4	1.7	8	3.6	5	2.3	24	2.3
Total	27	5.1	27	5.2	33	5.2	27	5.0	49	7.2	162	5.6

(a) Number of funded FTE vacancies divided by the total FTE positions multiplied by 100.

Source: Service Activity Reporting unpublished data.



Recruitment by length of time vacant

- The majority of staff vacancies in Aboriginal and Torres Strait Islander health care organisations were vacant for between 4 and 25 weeks (62 health staff vacancies and 14 administrative and support staff vacancies) (Table 3.16.4).

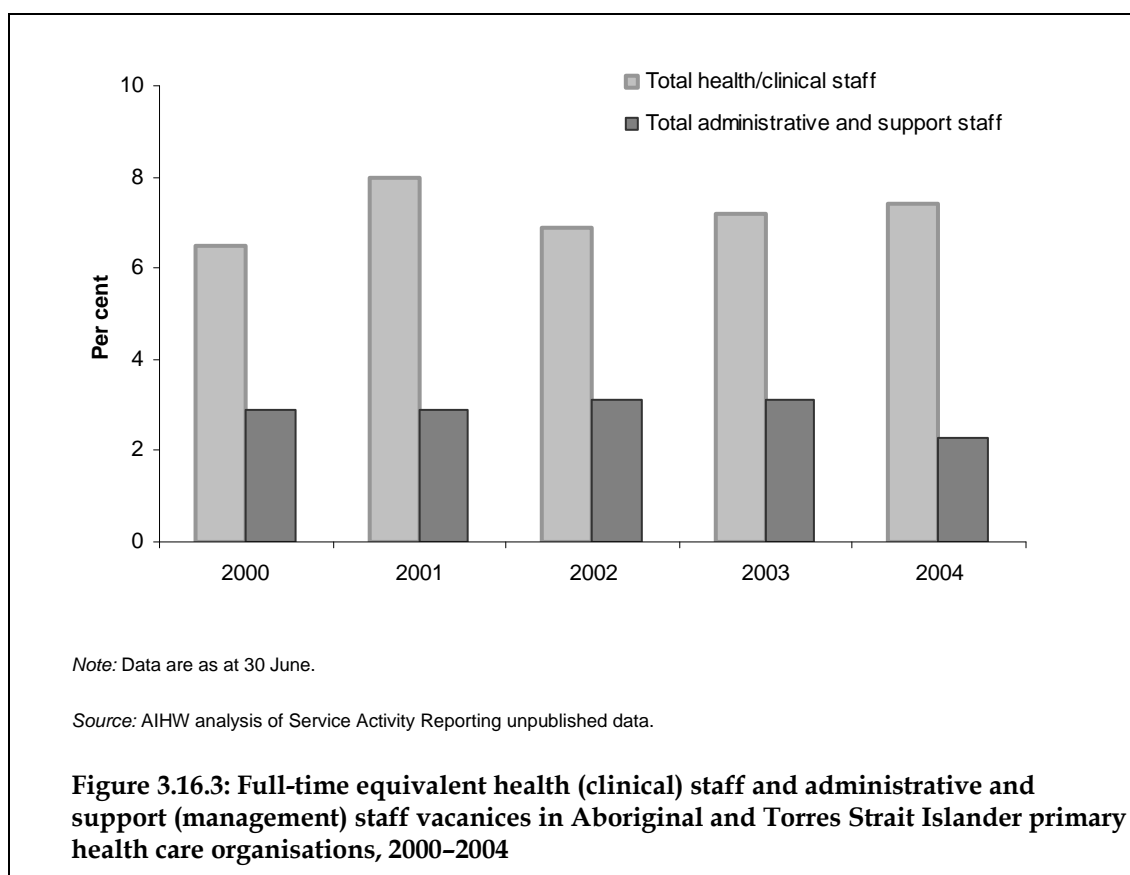
Table 3.16.4: Full-time equivalent health (clinical) staff and administrative and support (management) staff vacancies in Aboriginal and Torres Strait Islander primary health care organisations, by length of time vacant, at 30 June 2004

Staff category	1 week	2–3 weeks	4–25 weeks	26+ weeks
Health staff	7	9	62	60
Admin. and support staff	0	2	14	8
Total	7	11	76	68

Source: Service Activity Reporting unpublished data.

Time series analyses

- There has been little change in the proportion of administrative and support staff vacancies in Aboriginal and Torres Strait Islander health care organisations over the period June 2000 to June 2004 (Figure 3.16.3).



Retention

Information on the number of general practitioners (GPs) working in Australia is available from DoHA and additional data on GPs working in rural areas of Australia are available from the Rural Workforce Agency.

GPs by Statistical Local Area

Table 3.16.5 and Figure 3.16.4 present data on the number of full-time equivalent GPs per 1,000 population by areas of low through to high proportions of Indigenous populations. Using population data from the 2001 Census, Statistical Local Areas (SLAs) were grouped according to the percentage of the population living in these areas that was Indigenous.

- In 2004–05, there were approximately 14,509 full-time equivalent general practitioners working in Australia. Approximately 47% of GPs were working in areas where less than 1% of the population was Indigenous, at a rate of 0.8 per 1,000 population and only 0.2% of GPs were working in areas where more than 50% of the population was Indigenous, at a rate of 0.3 per 1,000 population (Table 3.16.5).

Care must be used in the interpretation of the data provided. There are two issues that have an effect on the quality of these data. First, the data include only those GPs claiming through the Medicare system. Consequently the full-time equivalent for doctors in remote areas, which are more likely to have high proportions of Indigenous population, will be

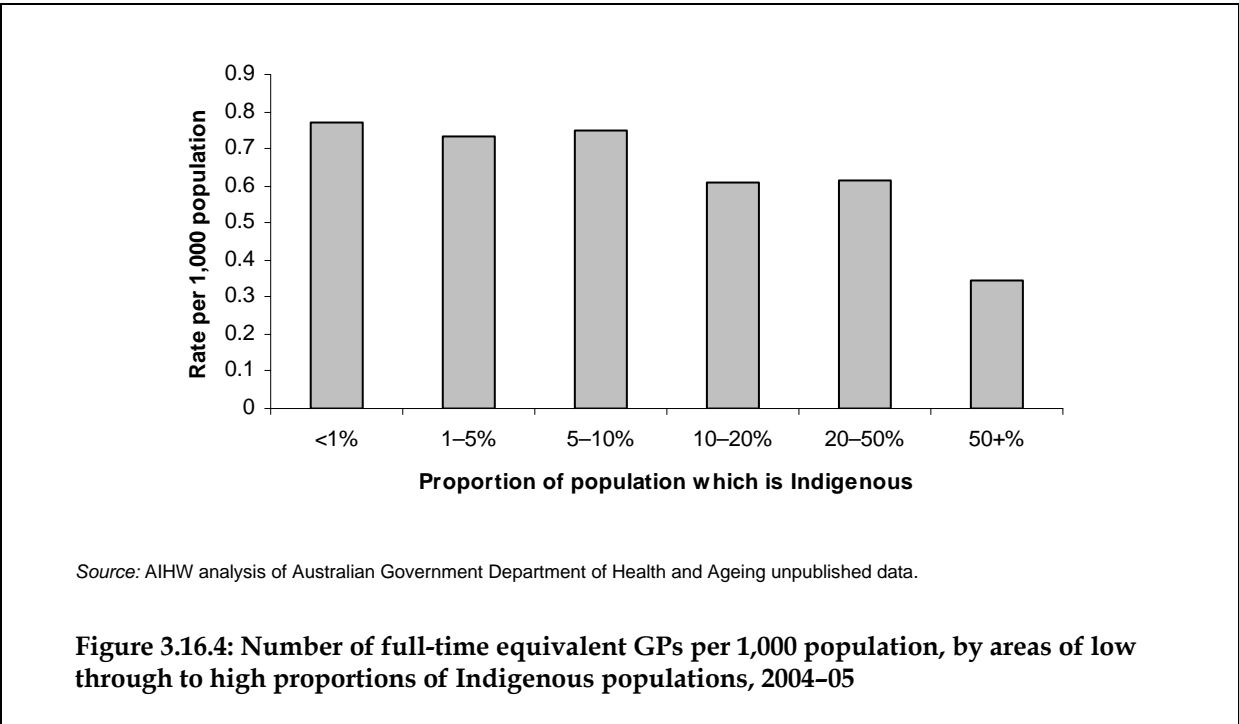
understated as some services are provided in rural hospitals and through the Royal Flying Doctor Service. There is also anecdotal information that services provided in Aboriginal Medical Services are often not claimed through the Medicare system, further understating the FTE for doctors in areas with high Indigenous populations.

Second, the data at the grouped SLA level can hide variability in data at the individual SLA level. For example, although one group of SLAs may have fewer people per doctor overall than a second group of SLAs, there will be a number of SLAs in the first group with far more people per doctor than several SLAs in the second group.

Table 3.16.5: Number of full-time equivalent GPs per 1,000 population, by areas of low through to high proportions of Indigenous populations, 2004–05

Proportion of SLA population which is Indigenous	Number of FTE GPs	Rate per 1,000 population
<1%	6,854	0.8
1–5%	6,623	0.7
5–10%	690	0.7
10–20%	233	0.6
20–50%	82	0.6
50+%	27	0.3
Total	14,509	0.7

Source: AIHW analysis of Australian Government Department of Health and Ageing unpublished data.



GPs by remoteness

Table 3.16.6 presents the number and proportion of full-time equivalent GPs by remoteness area.

- In 2004–05, approximately 73% of GPs were working in capital cities or other metropolitan areas, 25% of GPs were working in rural areas and only 2% of GPs were working in remote areas of Australia.

Table 3.16.6: Number and proportion of full-time equivalent GPs, by remoteness, 2004–05

Remoteness category	Number of FTE GPs	Per cent
Capital city	9,493	65.4
Other metropolitan area	1,125	7.8
Large rural	906	6.2
Small rural	1,001	6.9
Other rural	1,700	11.7
Remote centre	124	0.9
Other remote centre	159	1.1
Total	14,509	100.0

Source: Australian Government Department of Health and Ageing unpublished data.

GPs in rural areas

Table 3.16.7 presents the number and proportion of GPs working in rural areas of Australia, by length of stay in current practice and remoteness area as at 30 November 2004.

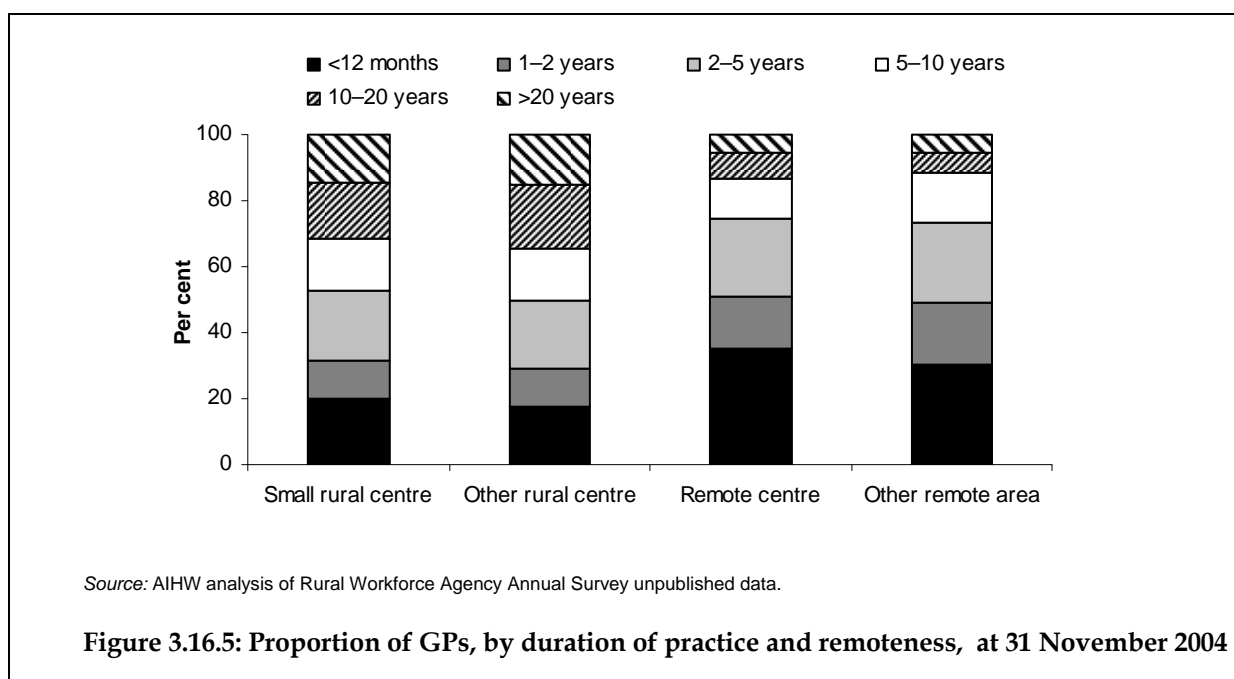
- As at 30 November 2004, the Rural Workforce Agency Annual Survey recorded a total of 3,801 general practitioners working in rural areas of Australia. Approximately 21% of general practitioners reported they had stayed in current practice for less than 12 months and only 14% had stayed in practice for more than 20 years (Table 3.16.7).
- General practitioners in rural areas were more likely to stay in current practice for a longer time than general practitioners in more remote areas. For example, between 12% and 14% of general practitioners working in remote centres and other remote areas had stayed in practice for 10 years or more compared with 32% to 35% of general practitioners working in small rural centres and other rural centres (Figure 3.16.5).

Table 3.16.7: Number and proportion of GPs, by length of stay in current practice and remoteness, at 30 November 2004

RRMA ^(a) category	Duration						Total
	<12 months	1–2 years	2–5 years	5–10 years	10–20 years	>20 years	
Number							
Small rural centre	263	149	273	205	217	193	1,300
Other rural centre	338	233	398	312	382	290	1,953
Remote centre	100	44	67	34	22	16	283
Other remote area	81	49	65	39	17	14	265
Total	782	475	803	590	638	513	3,801
Proportion							
Small rural centre	20.2	11.5	21.0	15.8	16.7	14.8	100.0
Other rural centre	17.3	11.9	20.4	16.0	19.6	14.8	100.0
Remote centre	35.3	15.5	23.7	12.0	7.8	5.7	100.0
Other remote area	30.6	18.5	24.5	14.7	6.4	5.3	100.0
Total	20.6	12.5	21.1	15.5	16.8	13.5	100.0

(a) RRMA: Rural, remote and metropolitan areas.

Source: Rural workforce Agency Annual Survey unpublished data.



Additional information

Supply of health professionals

Data on the supply of health professionals are available from AIHW Labor Force Surveys. Data from the 2003 Medical Labour Force Survey and 2003 Nursing and Midwifery Labor Force Survey are summarised below.

- There were 56,207 registered medical practitioners working in medicine in Australia in 2003, a rise of 10% from 2000. The number of clinicians grew by 9% from 47,372 in 2000 to 51,819 in 2003. This is equivalent to an increase of 13 clinicians per 100,000 population (from 247 in 2000 to 261 in 2003). There was a 13% increase in specialist numbers between 2000 and 2003 (from 16,008 to 18,093), which equates to an increase of 7 specialists per 100,000 population (from 84 to 91). The number of specialists-in-training grew by 14% between 2000 and 2003 (from 5,162 to 5,892) and this equates to an increase of 3 per 100,000 population (AIHW 2005a).
- The supply of practitioners increased in all regions between 2000 and 2003, despite a decrease in average hours during that time. Increases in the full-time equivalent rate of supply ranged from 12 practitioners per 100,000 population in major cities and outer regional areas, to 5 practitioners per 100,000 population in very remote areas.
- The total number of nurses identified in 2003 by the Nursing and Midwifery Labour Force Survey was 273,378, comprising 218,615 registered nurses and 54,762 enrolled nurses. This represents a 5% increase in the number of nurses between 2001 and 2003. Overall, supply of nurses increased from 1,031 FTE nurses per 100,000 population in 2001 to 1,106 FTE nurses per 100,000 population in 2003 (AIHW 2005b).
- Across geographic regions in 2003, the level of supply ranged from 1,169 FTE nurses per 100,000 population in very remote areas to 1,029 FTE nurses in outer regional areas.

Factors that influence length of practice in rural and remote Australia

In 2001, a national survey of GPs practising in rural and remote communities was conducted by the Monash University School of Rural Health. The survey found that professional considerations, particularly on-call arrangements, professional support and variety of rural practice were the most important factors determining general practice retention in rural and remote areas. Other important factors were local availability of services and geographic attractiveness. The least important factor was proximity to a city or large regional centre (Humphreys et al. 2002)

Data quality issues

Service Activity Reporting data

Response rates to the SAR by Aboriginal and Torres Strait Islander primary health care services were between 97% and 99% during the period 2002–03 to 2004–05. The SAR collects service-level data on health care and health-related activities by survey questionnaire over a 12-month period. While this data collection provides valuable information, it needs to be recognised that there are limitations that have to be considered when using these data. Particular issues include:

- The SAR only includes Aboriginal and Torres Strait Islander health organisations that receive at least some Australian Government funding to facilitate access to primary health care.
- The SAR questionnaire collects a broad set of indicators for the services and did not aim to provide a comprehensive set of statistics on the activities of the services or their needs.
- These data provide a rough guide to service activity in this area but do not attempt to measure quantity or quality.
- These data also do not differentiate between services provided by the service and those facilitated by the service.

Staff vacancies in Aboriginal and Torres Strait Islander primary health care organisations

The Service Activity Reporting (SAR) data collection reports on the number of vacancies in Aboriginal and Torres Strait Islander primary health care organisations (138 in 2003–04) funded by the Australian Government for both clinical and management positions at 30 June each year. While the numbers of FTE positions, about 1,400 health practitioner and 800 admin./management positions, are of reasonable size, the number of FTE vacancies, 118 (8.45%) and 11 (1.38%) respectively, are very small. The small numbers could limit the scope for breaking the data down into finer categories and could over-emphasise variability over time. The SAR collection is a snapshot at 30 June and therefore does not include vacancies arising but filled during the course of a year.

Rural Workforce Agency National Minimum Dataset

The Rural Workforce Agency National Minimum Data Set is a national data set based on annual surveys conducted by each state and territory Rural Workforce Agency and compiled through the Australian Rural and Remote Workforce Agencies Group (Health Workforce Queensland and New South Wales Rural Doctors Network 2005). The data are collected in accord with an agreed national minimum data set and data dictionary, so should be consistent and provide a valuable and regular source of data. This measure does not directly answer the broader retention and recruitment questions but will provide a useful interim surrogate measure.

GP data

Care must be taken in using and interpreting the data provided. There are two issues to note which have an effect on the quality of the data. First, the data include only those services claimed through the Medicare system. Consequently the full-time equivalent for doctors in remote areas, which are more likely to have high proportions of Indigenous population, will be understated as some services are provided in rural hospitals and through the Royal Flying Doctor Service. There is also anecdotal information that services provided in Aboriginal Medical Services are often not claimed through the Medicare system, further understating the full time equivalent for doctors in areas with high Indigenous populations.

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(continued).

Data quality issues (continued)

A voluntary indigenous identifier was introduced into the Medicare database from November 2002. As at 1 July 2005, 84,867 people had identified as Aboriginal, Torres Strait Islander or both in the Medicare database. As these data improve, it will be possible to utilise this identifier to undertake calculations of GP retention in areas by Indigenous status of clients.

References

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- AIHW 2005b. Nursing and Midwifery Labour Force Survey 2003. (National Health Labour Force Series no. 31). AIHW cat. no. HWL 31. Canberra: AIHW.
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